

BOARD OF COSMETOLOGY AND BARBER EXAMINERS P.O. BOX 1062 JEFFERSON CITY, MISSOURI 65102 TELEPHONE (573) 751-1052

20 CSR 2085-8.010(6): An instructor trainee applicant requesting credit for full-time work experience as a licensed Class CA, Class CH, Class MO or Class E shall submit to the Board an affidavit of work experience completed by each employer on a form supplied by the Board. Three (3) years of experience may be substituted for three hundred (300) hours of training. Three hundred (300) hours will be proportionately reduced for experience greater than six (6) months but less than three (3) years.

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- 1. Complete the below information to show your proof of work experience in order to obtain credit.
- 2. Use the reverse side for additional work experience.
- Board of Cosmetology & Barber Examiners 3. Return the completed application to:

PO Box 1062

Jefferson City, MO 65102

APPLICANT INFORMATION					
NAME OF APPLICANT			APPLICANT LICENSE NUMBER		
ADDRESS OF APPLICANT			SOCIAL SECURITY NUMBER		
EMAIL ADDRESS					
(OPTIONAL) I AUTHORIZE THE BC	PARD TO RELEASE MY EMAIL ADDRESS UPON	N REQUEST.			
EMPLOYMENT INFORMATION	l				
NAME OF ESTABLISHMENT					
ADDRESS					
ESTABLISHMENT LICENSE NUMBER		ESTABLISHMENT TELEPHO	NE NUMBER		
ESTABLISHMENT OWNER NAME					
DATES OF EMPLOYMENT					
FROM		то			
MUST BE SIGNED IN	SIGNATURE OF EMPLOYER/SALON OWNER	DATE			
PRESENCE OF NOTARY)				
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)		
	SUBSCRIBED AND SWORN BEFORE ME, THIS		USE RUBBER STAMP IN		
	DAY OF		CLEAR AREA BELOW.		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES			
	NOTARY PUBLIC NAME (TYPED OR PRINTED)				
MO 375-0307 (11-16)					

EMPLOYMENT INFORMATION					
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ADDRESS					
ESTABLISHMENT LICENSE NUMBER		ESTABLISHMENT TELEPHON	IE NUMBER		
ESTABLISHMENT OWNER NAME					
DATES OF EMPLOYMENT					
FROM		TO			
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